

**Million Clicks for Million Hearts  
Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ Weight: \_\_\_\_\_

*Circle your answer for the following:*

**Sex:** Male / Female

**Ethnicity:** Hispanic or Latino / Non-Hispanic or Non-Latino

**Race:** American Indian or Alaska Native / Asian / Black or African American / Native Hawaiian or Other Pacific Islander / White / Multi-Racial

**Education Level:** Some high school / High school graduate / Some college / College graduate

**During the last 7 days, on how many days did you walk/run for at least 10 minutes at a time for exercise?** \_\_\_\_\_ days

Send completed form to: [Ronya.Nassar@allentownpa.gov](mailto:Ronya.Nassar@allentownpa.gov) or

Allentown Health Bureau  
245 N. 6<sup>th</sup> Street  
Allentown, PA 18102